

County: Waukesha
 LINDEN GROVE - WAUKESHA
 425 NORTH UNIVERSITY DRIVE
 WAUKESHA 53188 Phone: (262) 524-6400

Facility ID: 5220

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 135
 Total Licensed Bed Capacity (12/31/01): 135
 Number of Residents on 12/31/01: 125

Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 126

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.6
Supp. Home Care-Personal Care	No					1 - 4 Years		41.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.8	More Than 4 Years		24.8
Day Services	No	Mental Illness (Org./Psy)	20.8	65 - 74	8.0			-----
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	28.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	18.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	7.2	65 & Over	99.2	-----		
Transportation	No	Cerebrovascular	8.0		-----	RNs		10.3
Referral Service	No	Diabetes	1.6	Sex	%	LPNs		12.4
Other Services	No	Respiratory	3.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	50.4	Male	18.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	81.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	356	55	87.3	111	1	100.0	120	48	100.0	181	0	0.0	0	2	100.0	472	117	93.6
Intermediate	---	---	---	8	12.7	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	6.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		63	100.0		1	100.0		48	100.0		0	0.0		2	100.0		125	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	3.9	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	73.6	26.4	125
Other Nursing Homes	1.5	Dressing	4.8	73.6	21.6	125
Acute Care Hospitals	92.7	Transferring	16.0	65.6	18.4	125
Psych. Hosp. -MR/DD Facilities	0.4	Toilet Use	15.2	58.4	26.4	125
Rehabilitation Hospitals	0.0	Eating	33.6	62.4	4.0	125
Other Locations	1.5	*****				
Total Number of Admissions	259	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.4	Receiving Respiratory Care		8.8
Private Home/No Home Health	39.8	Occ/Freq. Incontinent of Bladder	47.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	9.7	Occ/Freq. Incontinent of Bowel	40.0	Receiving Suctioning		0.0
Other Nursing Homes	1.9			Receiving Ostomy Care		3.2
Acute Care Hospitals	9.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		37.6
Rehabilitation Hospitals	0.0					
Other Locations	17.0	Skin Care		Other Resident Characteristics		
Deaths	22.4	With Pressure Sores	5.6	Have Advance Directives		80.8
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	259			Receiving Psychoactive Drugs		67.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	88.9	1.05	85.7	1.09	82.7	1.13	84.6	1.10
Current Residents from In-County	92.0	88.1	1.04	86.1	1.07	85.3	1.08	77.0	1.20
Admissions from In-County, Still Residing	15.1	22.9	0.66	17.5	0.86	21.2	0.71	20.8	0.72
Admissions/Average Daily Census	205.6	129.6	1.59	212.2	0.97	148.4	1.39	128.9	1.59
Discharges/Average Daily Census	205.6	133.7	1.54	210.1	0.98	150.4	1.37	130.0	1.58
Discharges To Private Residence/Average Daily Census	101.6	47.6	2.13	87.3	1.16	58.0	1.75	52.8	1.93
Residents Receiving Skilled Care	93.6	90.5	1.03	93.8	1.00	91.7	1.02	85.3	1.10
Residents Aged 65 and Older	99.2	97.0	1.02	94.0	1.06	91.6	1.08	87.5	1.13
Title 19 (Medicaid) Funded Residents	50.4	56.0	0.90	60.5	0.83	64.4	0.78	68.7	0.73
Private Pay Funded Residents	38.4	35.1	1.09	26.1	1.47	23.8	1.61	22.0	1.74
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	23.2	30.9	0.75	27.3	0.85	32.2	0.72	33.8	0.69
General Medical Service Residents	50.4	27.3	1.84	27.4	1.84	23.2	2.18	19.4	2.60
Impaired ADL (Mean)	52.8	50.3	1.05	51.2	1.03	51.3	1.03	49.3	1.07
Psychological Problems	67.2	52.4	1.28	52.4	1.28	50.5	1.33	51.9	1.30
Nursing Care Required (Mean)	6.9	7.1	0.98	6.7	1.03	7.2	0.96	7.3	0.94